



Engagement: a critique of the concept and its application to person-centred care

Jan Dewing* and Brendan McCormack

*Corresponding author: Queen Margaret University, Edinburgh, Scotland

Email: jdewing@qmu.ac.uk

Submitted for publication: 26th July 2015

Accepted for publication: 25th August 2015

Abstract

Background: Engagement is being more frequently and widely referred to in person-centred practice research and scholarship, and likewise in practice development, without any clear definition.

Aims and objectives: To present a summary discussion on engagement in the context of person-centred practice and research, and to offer a working definition.

Methods: The critique in this paper was informed by a focused literature review of 30 publications from the field of positive organisational scholarship and a hand search of policy reports from the past five years.

Findings/results: Engagement, as a predictor of effectiveness, is supported by various researchers' theoretical and empirical work. The definition of engagement from positive organisational scholarship offers a complementary empirical starting point on which researchers in person-centred practice research can build. Current definitions have limitations for care settings as they only apply to workers rather than including service users, and they privilege cognitive knowledge and/or psychological processes. We therefore recommend a revised definition for use in person-centred practice research.

Conclusions: A revised definition that balances different ways of knowing and can be used with all people is proposed in this paper. However, further research is needed to explore what engagement is, what it looks like in different types of workplace cultures and what it offers person-centred practice.

Implications for practice:

- Engagement requires and leads to enhanced vigour, dedication and absorption
- Other outcomes of engagement are energy and vitality – necessary for personal, team/group and workplace culture development
- Engagement is an intrapersonal, interpersonal and social/group process, and an outcome that promotes enhanced engagement, learning and transformation (that is, thriving and flourishing)
- Engagement is a short-term process and outcome and needs continuous nurturing in all persons

Keywords: Absorption, dedication, engagement, flourishing, person-centredness, vigour, workplace culture

Introduction

The term 'engagement' is a central concept within a wide-ranging body of literature concerned with organisational development and psychology, as well as in patient-centred (Pelletier and Stichler, 2014) and person-centred care and practice development. Person-centred practice engagement explicitly features in the person-centred nursing framework developed from empirical research by McCormack and McCance (2010) and also in the Compliance Service Improvement and Innovation model (CoSII)

(Dewing and McCormack, 2016, in press). However, it is a challenge to find much substance or a clear definition for the concept of engagement in the person-centred and practice development literature, other than some indirect work by a small number of researchers (see, for example, Wilson, 2011; McCance et al., 2013). Further, it is unclear how the construct relates to other existing similar concepts, such as sympathetic presence, participation or empowerment. The aim of this paper is to present a summary discussion. To achieve this, we have drawn from a preliminary literature review of 30 publications from the field of positive organisational scholarship and a hand search of policy reports from the past five years. Because of the length restrictions of this paper, we are not presenting the method or any in-depth findings from the review, but rather a summarised critical discussion. This paper contributes to a larger inquiry undertaken by a group of person-centred practice researchers as part of an international community of practice in person-centred practice research. We welcome debate within the broader person-centred practice and practice development communities on this exploratory paper.

Background

We begin by briefly looking at engagement in the field of work in general. Engagement has already been investigated in many different types of industries and businesses according to Truss et al. (2006), Macey and Schneider (2008), MacLeod and Clarke (2009) and Rayton et al. (2012). Until recently, engagement in the field of healthcare, in particular nursing, has been the subject of minimal research and is lagging behind (Simpson, 2009; Wefald and Downey, 2009). Academically, there is a growing level of interest in job engagement as an important construct of human social capital (see, for example, Schaufeli et al., 2002). Social capital is defined by the Organisation for Economic Co-operation and Development (2015, p 103) as 'networks together with shared norms, values and understandings that facilitate co-operation within or among groups'. Put together, these networks and understandings engender trust and so enable people to work together more effectively. MacLeod and Clarke (2009), among others found that engaged employees have a sense of personal attachment to their work and organisation; they are motivated and able to give of their best to help it succeed. From that flows a series of tangible benefits for organisations and individuals alike – for example, greater profitability and better customer service outcomes for private businesses. Highly engaged employees in the UK public sector say they can make an impact on service delivery or customer service, whereas disengaged employees don't, according to a Towers Perrin report (2007). Our discussion supports similar findings to MacLeod and Clarke (2009) and Rayton et al. (2012), where policy reports found that certain aspects of engagement seemed to explain more clearly the difference between the best and worst organisations. In particular, crucial aspects are:

- Communication (especially senior management having a clear vision of the organisation and this being expressed to workers, enabling workers to understand how their role fits into the bigger picture)
- Providing workers with feedback on performance and listening to their concerns
- Enabling worker autonomy and control, by giving them opportunities to show initiative and have an input into their own job planning
- Having confidence in the senior management team and in its concern for the workforce

However, Truss et al. (2006) and Kular et al. (2008) reported low levels of engagement in the UK workforce in general, but that, where present, high levels of engagement were associated with a host of positive outcomes for individuals and their employers.

Again in the UK, a report by MacLeod and Clarke (2009) for the government's Department of Business, Innovation and Skills raised the profile of engagement, engaged managers, workers and engaged organisations in the business context. The authors claim that engagement can shape the way managers and leaders in the private and public sector think about work and the people who work for or with them. This is supported by similar claims from Bakker and Schaufeli (2008) and Rayton et al. (2012), who argue that the management of human social capital rather than traditional management control

is the new order for successful businesses, especially in economically challenging times. Similarly, in the healthcare business world, there is an ever-increasing demand to achieve more productivity, often with a smaller workforce with reduced skills, which means there needs to be a move towards models that grow workforce capacity rather than recruit new workers.

Further, there is increasingly clear evidence of a relationship between workers, wellbeing and various patient experiences and care outcomes. For example, Alimo-Metcalfe and Bradley (2008), across 46 healthcare teams, show that a culture of engagement is more likely to predict performance than other variables, including competence. Maben et al. (2012) discuss the need to enhance staff's ability to engage with patients at a meaningful personal level and the contribution of working environments to building in engagement opportunities. Finally, the King's Fund (2012, p 5), using the annual NHS staff survey in England, show that when high worker engagement scores are compared with a wide range of outcome data, patient experience improves, inspection scores are higher and infection and mortality rates are lower.

We support the value and potential of engagement – however, in person-centred healthcare, engagement is something that applies to everyone, including those who receive services, and it should not be defined simply as a resource or tool for managers and leaders. Therefore, we need an expanded view of what engagement means, one that goes beyond it applying only to the workforce. We also need to be cognisant that others, such as Cole et al. (2012), are not convinced of the value of the construct of engagement.

Critics point out that the concept of engagement has caused confusion (Simpson, 2009), especially in regard to its meaning relative to other constructs, such as job satisfaction, job involvement and burnout. As with most new academic concepts, there is tendency for the antecedents and attributes of the concept to mushroom and become muddled and this may indeed be the way engagement is heading in the positive organisational scholarship literature. Equally, no concept can exist in isolation from others; the concept of engagement as it applies to person-centredness is in need of exploration and clarification to avoid the risk of being used as a casual or 'umbrella' notion (Saks, 2008, p 40).

Discussion: dialoguing with existing knowledge about engagement

Macey and Schneider (2008) argue that, in the past, engagement was considered to be a psychological state (a mood) - an externally observable performance behaviour or a personality disposition, or some combination of those. Definitions of engagement in the field of positive organisational scholarship literature have since positioned engagement as either a role function or a positive (internal) state or process (Spreitzer et al., 2010). Briefly, positive organisational scholarship is a relatively new development in organisational studies (Cameron et al., 2003a), characterised by the study of especially positive processes and outcomes (Cameron et al., 2003b, p 4), with the aim of revealing positive states and processes that might otherwise be missed or obscured by traditional perspectives. Ultimately, it advocates models that aim to achieve the outcomes of life giving, thriving and flourishing in organisations (Cameron et al., 2003a). It therefore has some commonality with the values, vision and outcomes of person-centred practice and research. For this reason and because most of the conceptual development on engagement in the past decade has taken place in this field, we chose the positive organisational scholarship literature.

Bakker et al. (2012) point out that engagement at work captures how workers experience their work in terms of certain attributes. The original positive organisational scholarship description of engagement probably comes from Kahn (1990, p 694), who describes personal engagement as the harnessing of workers 'selves' to their work role. He suggests that engaged people employ and effectively express themselves physically, cognitively and emotionally during work performance. Further, Kahn describes personal disengagement as the uncoupling of selves from work roles according to Simpson (2009); in disengagement, people withdraw and defend themselves physically, cognitively or emotionally during work performance.

Using grounded theory, Kahn (1990) named three (psychological) conditions at work by which people personally engage and disengage: personal meaningfulness, safety and availability of resources. Thus, when an individual finds meaning, feels safe, and has the necessary external and internal resources in their role, personal engagement will evolve to the point that Kahn (1990, p 322) describes as being ‘fully present’. Maslach et al. (1996; 2001) propose engagement to be an energetic state in which workers are both dedicated to excellent performance and confident about their effectiveness. There are three major concerns regarding this description: first, whether it is sufficient to ‘feel’ rather than to ‘be’ effective; second, whether it implies that engagement is understood to be on a linear continuum with burnout at the other end, and finally, what is meant by excellent.

Since Kahn’s introduction of the construct, several organisational theorists have expanded on engagement and conceptualised multiple definitions, as well as measures, of engagement, most notably Schaufeli’s three-factor engagement, Shirom’s vigor, and Britt’s one-factor engagement (Wefald et al., 2011). Originally, Schaufeli et al. (2002, p 74) defined engagement as ‘a positive psychological state’ of involvement, satisfaction and enthusiasm with work. Based on this definition, they developed the Utrecht Work Engagement Scale to assess these three dimensions of engagement. Others, such as Macey and Schneider (2008) and Wefald and Downey (2009) have supported this definition. Subsequently, Schaufeli et al., (2002, p 74) have modified their definition of engagement to be about a positive state of mind (see Table1). We include this definition here as it was, in effect, our starting point. However, we do not fully support all the elements of it, as we shall show later in the paper.

Table 1: Schaufeli definition of engagement	
<i>A positive affective-motivational work state manifested in three dimensions:</i>	
Vigor Exhaustion as the polar opposite dimension of burnout (Schaufeli and Bakker, 2004)	<ul style="list-style-type: none"> • High levels of energy and mental resilience while working • The willingness to invest effort in one’s work • The ability not to be easily fatigued • Persistence in the face of difficulties
Dedication Cynicism as the polar opposite dimension of burnout (Bakker, Demerouti and Schaufeli, 2005)	<ul style="list-style-type: none"> • Strong involvement in one’s work, accompanied by feelings of enthusiasm and significance • A sense of pride and inspiration
Absorption (Schaufeli et al., 2002)	<ul style="list-style-type: none"> • Being fully engrossed in one’s work and having difficulties detaching oneself from it
<i>From Spreitzer et al. (2010)</i>	

Probably the most visible use of the engagement construct in industry and business has been developed by the Gallup organisation (Harter et al., 2002), which built on the Schaufeli et al. definition, with engagement viewed as the individual being emotionally connected to others at work and cognitively vigilant. This extended definition is more helpful for person-centred practice in that it directly relates to the prerequisites of knowing self and authenticity in the person-centred model, and the practice development processes of collaboration, inclusion and participation (McCormack et al., 2013, p 8). It is also useful for active learning about persons and practice (Dewing, 2008; 2009). However, it still appears to privilege cognition over other intelligences and ways of knowing – an issue for person-centred practice, which values different forms of knowing (Titchen and McCormack, 2008) and it excludes those who receive services. Further, while it is conceived of as a process, it remains an individualised and internalised, or psychological, one.

Related to this, we briefly summarise two of the three approaches by Bakker and Schaufeli (2008). The first positions engagement as a set of motivating factors, such as support and feedback, provided by certain people within an organisation, namely managers and leaders. These factors are clearly strongly connected with workplace and organisational cultures (Simpson, 2009; Manley et al., 2011; Dewing and McCormack, 2016, in press). Of concern for us is that these sit completely outwith the individual and appear as tools for managers and leaders. The second approach sees it as a psychological state within an individual that manifests in certain behaviours; the authors include commitment and high performance as examples of such behaviours. An example of this second approach is the definition by Schaufeli et al. (2002, p 74). These same researchers argue that engagement manifests itself in high-energy, resilience, a willingness to invest effort in the job, the ability not to be easily fatigued and persistence in the face of difficulties. All are qualities needed by practitioners and leaders building person-centred practice and the requisite cultures. However, of concern to us here is that this all rests within the individual.

Slightly out of line with positive organisational scholarship definitions, Stairs et al. (2006) define engagement as the extent to which workers thrive at work, and are committed and motivated to do their best for their own benefit and that of others. The three concepts central to their definition are best self, loyalty and performance-motivation. Briefly, best self is a concept whereby people systematically work from a feedback-generated portrait of their unique strengths and talents, with the aim that others will always experience in action the person's best self or as close as possible to this. The definition by Stairs et al. (2006) also implies that engagement has a wider purpose and a reciprocal one. For example, engagement brings mutual wellbeing for individuals and organisations, which in turn contributes to thriving and ultimately to flourishing. It seems to us that a major limitation of the positive organisational scholarship approach for person-centred practice is that it positions workers as either engaged or disengaged, and that disengagement implies burnout. There seems to be nothing in between according to Wefald et al. (2011). Spreitzer and colleagues (2010) conclude that Kahn (1990) talks about a more cognitive and attentional connection to work, while Schaufeli and colleagues (2002) refer to a more emotional and energetic connection to one's role. Both are useful for person-centred practice, with the latter probably being the most complementary and the most promising.

Outcomes from effective engagement

Given our preceding discussion, we argue that the positive organisational scholarship concept of engagement can contribute to knowledge development in person-centred practice. Engagement is two way: each person must work to engage themselves and engage with others, and in turn each person has choices about the level of engagement they offer. Each aspect reinforces the other.

Similarly to the humanism movement in psychology (Maslow, 1968; Rogers, 1980), positive organisational scholarship takes it as given that individuals are inherently eudemonic. This means that we seek goodness for its intrinsic value (Ryan and Deci, 2001; Dutton and Sonenshein, 2007), because it's the right thing to do. More broadly, Seligman (2003) suggests that the engaged life (that is one that enables our strengths to be used and one that offers us challenges and the chance to extend ourselves) and the meaningful life (with goals and purpose beyond oneself) are vital for happiness (or flourishing) in life. Seligman argues that positive engagement is driven in part by the individual's sense of happiness. However, as social beings, we are connected with others. Engagement, when properly enabled, contributes to the achievement of an enhanced positive, multiple-intelligence, emotional, psychological and physical connectedness of the person and between individuals and groups or communities. Additionally, engagement has the attribute of absorption, whereby personal effectiveness is enhanced and vitality is achieved; in other words, effective engagement leads to more engagement and renewed energy (feeling re-energised). Thus persons need to assess levels of connection and promote positive engagement with a balance between a focus on 'me' and a focus on 'others'. The positive energy that can be found in strongly engaged persons reflects core strengths and virtues in the way we lead ourselves and others, and the meanings we acquire about

our identity from work and, as service users, from health events that take place in our lives. Positive emotions stemming from an energised state seem to enable people to broaden embodiment of their thought-action repertoires (Bakker et al., 2012). This may help in building up more creative strategies to respond to stretching or challenging situations. In turn, this helps us to cope with the demands of health transitions, our jobs and with some of the complex, constantly changing conditions that exist in life and work. Several studies (for example, Demerouti and Cropanzano, 2010) have shown that where job performance is challenging, these factors facilitate engagement, when combined with resourceful workplaces (said to be those offering social support and feedback). This means teamworkers need to be actively facilitating and managers need to provide sufficient job resources. The Compliance Service Improvement and Innovation model (Dewing and McCormack, 2016, in press) draws on the construct of energy and vitality as essential for moving away from a compliance culture towards thriving and flourishing workplace cultures.

In the care environment, engagement can be a key to unlocking productivity and potential, and to transforming the working lives of many in healthcare for who may otherwise find work an effort and a drain on their energy and personal resources. Engagement is core to adult, two-way relationships between people, where challenges can be met and goals achieved, whether they relate to improved care or teamworking. More generally, MacLeod and Clarke (2009, p 9) illustrate the potential outcomes of engagement as workers being:

- Commitment to the organisation's goals and values
- Motivation to contribute to organisational success
- Ability to enhance their own sense of wellbeing

MacLeod and Clarke, referring to Robinson et al. (2004), say that an engaged worker experiences a blend of job satisfaction, organisational commitment, job involvement and feelings of empowerment. However, we need to be aware that people can be engaged in their work in ways that are unhelpful to others and that may be unhealthy for the individual too (Maslach et al., 2001; Loehr and Schwartz, 2003). A core outcome of engagement, also consistent with practice development intentions, is empowerment – social as well as structural empowerment (Kanter, 1993; Spreitzer, 1995; Spreitzer and Sutcliffe, 2007). Laschinger and Finegan (2005) emphasise the importance placed on autonomy by registered nurses, reporting a significant relationship between autonomy and empowerment and job satisfaction. Spreitzer (1995) identifies four factors that contribute to social empowerment:

- Congruence of meaning between job requirements and the individual's values and beliefs
- The individual's belief in their capability and competence to accomplish the work to be done
- Self-determination or autonomy in regard to how work is carried out
- A sense of being able to influence and impact on the organisation's activities and outcomes

A person-centred working definition of engagement

This leads us to consider what a definition of engagement in the context of person-centred practice research would be (see Box 1).

Box 1: Working definition of engagement for person-centred practice research

We propose that engagement is primarily a process that aims to achieve three overall outcomes:

- Vitality
- Learning
- Transformation

Engagement is characterised by the presence of vigour, dedication and absorption. Where persons experience enhanced engagement, they will have resilience, a willingness to invest effort in self, in others and an activity or purpose, along with the ability not to be easily fatigued.

Engagement is manifest in three modes: intrapersonal, interpersonal and in groups or communities.

It should be noted that we are proposing that engagement is a short-term process and thus it requires constant nurturing and facilitation. In proposing this working definition we have stayed close to the empirical research from positive organisational scholarship, and especially to Schaufeli's three-factor model (Demerouti and Cropanzano, 2010), while addressing our concerns to ensure that the definition is inclusive of all persons in healthcare and that it captures internal and external psychosocial processes. We also add the proviso that we consider the experience of engagement to be a holistic, embodied one rather than a cognitive or psychological one.

Recommendations for future research arising from this paper are that a definition for use in person-centred practice research is a priority. This needs to be followed by research that aims to explore if there are predictors of engagement, what they are, and what is needed to make them effective across different types of workplace and organisational cultures. We may also need to consider an instrument to measure engagement processes and or outcomes. We should also be exploring the relationship between engagement in nurses and care experiences for people receiving care.

Conclusion

Just as good health contributes to who we are, work is an important part of our identity and value in society. Thus it is important to understand the connections people have to their health and their work. People who engage themselves and facilitate the engagement of others are embodying person-centredness and are at the heart of the workplace and organisational culture. They enable and create better conditions for empowerment rather than control, they connect with others with appreciation and respect, and show commitment to recognising, developing and increasing the capabilities of those they care for, work with, manage or lead. Engagement implies knowing self and building closer connections to others. An outcome of engagement is energy or vitality and a sustained engagement can lead to thriving and ultimately flourishing. This future-oriented and complementary construct is concerned with how people learn, grow, and develop in the future. Further work in person-centred practice research is needed into how engagement contributes to person-centred cultures and to the movement of cultures towards greater person-centredness. A vital next step is a consistent definition, in which the attributes of engagement are clarified and its purpose made meaningful.

References

- Alimo-Metcalfe, B. and Bradley, M. (2008) Cast in a new light. *People Management*. Vol. 24. No. 1. pp 38-41. Retrieved from: tinyurl.com/CIPD-newlight (Last accessed 25th August 2015).
- Bakker, A., Demerouti, E. and Schaufeli, W. (2005) The crossover of burnout and work engagement among working couples. *Human Relations*. Vol. 58. No. 5. pp 661-689.
- Bakker, A. and Schaufeli, W. (2008) Positive organisational behaviour: engaged workers in flourishing organizations. *Journal of Organizational Behaviour*. Vol. 29. No. 2. pp 147-154.
- Bakker, A., Tims, M. and Derks, D. (2012) Proactive personality and job performance: the role of job crafting and work engagement. *Human Relations*. Vol. 65. No. 10. pp 1359-1378. Retrieved from: tinyurl.com/proactive-personality (Last accessed 25th August 2015).
- Cameron, K., Dutton, J. and Quinn, R. (Eds.) (2003a) *Positive Organizational Scholarship: Foundations of a New Discipline*. San Francisco, California: Berrett-Koehler.
- Cameron, K., Dutton, J. and Quinn, R. (2003b) Foundations of positive organizational scholarship. In Cameron, K., Dutton, J. and Quinn, R. (Eds.) (2003) *Positive Organizational Scholarship: Foundations of a New Discipline*. San Francisco, California: Berrett-Koehler. pp 3-13.
- Cole, M., Walter, F., Bedeian, A. and O'Boyle, E. (2012) Job burnout and employee engagement: a meta-analytic examination of construct proliferation. *Journal of Management*. Vol. 38. No. 5. pp 1550-1581. Retrieved from: tinyurl.com/burnout-engagement (Last accessed 25th August 2015).
- Demerouti, E. and Cropanzano, R. (2010) From thought to action: employee work engagement and job performance. Chp 11 in Bakker, A. and Leiter, M. (Eds.) (2010) *Work Engagement: A Handbook of Essential Theory and Research*. New York: Psychological Press. pp 147-163. Retrieved from: tinyurl.com/thought-action (Last accessed 13th June 2015).

- Dewing, J. (2008) Becoming and being active learners and creating active learning workplaces: the value of active learning. Chp 15 in Manley, K., McCormack, B. and Wilson, V. (Eds.) (2008) *International Practice Development in Nursing and Healthcare*. Oxford: Blackwell. pp 273-294.
- Dewing, J. (2009) Moments of movement: active learning and practice development. *Nurse Education in Practice*. Vol. 10. No. 1. pp 22-26.
- Dewing, J. and McCormack, B. (2016, in press) Creating flourishing workplaces. In McCormack, B. and McCance, T. (Eds) (2016) *Person-centred Nursing* (2nd edition). Oxford: Wiley-Blackwell.
- Dutton, J. and Sonenshein, S. (2007) Positive organizational scholarship. In Lopez, S. and Beauchamps, A. (Eds.) (2007) *Encyclopedia of Positive Psychology*. Malden, Massachusetts: Blackwell. pp 737-742.
- Harter, J., Schmidt, F. and Hayes, T. (2002) Business-unit-level relationship between employee satisfaction, employee engagement and business outcomes: a meta-analysis. *Journal of Applied Psychology*. Vol. 87. No. 2. pp 268-279.
- Kahn, W. (1990) Psychological conditions of personal engagement and disengagement at work. *Academy of Management Journal*. Vol. 33. No. 4. pp 692-724. Retrieved from: tinyurl.com/psychological-conditions (Last accessed 25th August 2015).
- Kanter, R. (1993) *Men and Women of the Corporation*. (2nd edition). New York: Basic Books.
- King's Fund (2012) *Leadership and Engagement for Improvement in the NHS: Together We Can*. London: The King's Fund.
- Kular, S., Gatenby, M., Rees, C., Soane, E. and Truss, E. (2008) *Employee Engagement: A Literature Review. Working Paper Series No 19*. London: Kingston Business School.
- Laschinger, H. and Finegan, J. (2005) Using empowerment to build trust and respect in the workplace: a strategy for addressing the nursing shortage. *Nursing Economics*. Vol. 23. No. 1. pp 6-13.
- Loehr, J. and Schwartz, T. (2003) *The Power of Full Engagement*. New York: Free Press.
- Maben, J., Peccei, R., Adams, M., Richardson, R., Murrells, T. and Morrow, E. (2012) *Exploring the Relationship between Patients' Experiences of Care and the Influence of Staff Motivation, Affect and Wellbeing*. Retrieved from: tinyurl.com/NIHR-relationship (Last accessed 13th July 2014). Southampton, UK: National Institute for Health Research.
- Macey, W. and Schneider, B. (2008) The meaning of employee engagement. *Industrial and Organisational Psychology: Perspectives on Science and Practice*. Vol. 1. No. 1. pp 3-30. Retrieved from: tinyurl.com/meaning-engagement (Last accessed 25th August 2015).
- MacLeod, D. and Clarke, N. (2009) *Engaging for Success: Enhancing Performance through Employee Engagement*. London: Department of Business, Innovation and Skills. Retrieved from: tinyurl.com/engagingforsuccess (Last accessed 25th August 2015).
- Manley, K., Sanders, K., Cardiff, C. and Webster, J. (2011) Effective workplace culture: the attributes, enabling factors and consequences of a new concept. *International Practice Development Journal*. Vol. 1. No. 2. Article 1. pp 1-29. Retrieved from: fons.org/library/journal/volume1-issue2/article1 (Last accessed 13th June 2015).
- Maslach, C., Jackson, S. and Leiter, M. (1996) *The Maslach Burnout Inventory Manual*. Mountain View, California: Consulting Psychologists Press.
- Maslach, C., Schaufeli, W. and Leiter, M. (2001) Job burnout. *Annual Review of Psychology*. Vol. 52. No. 1. pp 397-442.
- Maslow, A. (1968) *Toward a Psychology of Being*. New York: Van Nostrand.
- McCance, T., Gribben, B., McCormack, B. and Lairs, E. (2013) Promoting person-centred practice within acute care: the impact of culture and context on a facilitated practice development programme. *International Practice Development Journal*. Vol. 3. No. 1. Article 2. pp 1-17. Retrieved from: fons.org/library/journal/volume3-issue1/article2 (Last accessed 21st July 2015).
- McCormack, B. and McCance, T. (2010) *Person-centred Nursing: Theory, Models and Methods*. Oxford: Wiley-Blackwell.
- McCormack, B., Manley, K. and Titchen, A. (2013) *Practice Development in Nursing*. (2nd edition). Oxford: Wiley-Blackwell.
- Organisation for Economic Co-operation and Development (2015) *OECD Insights: Human Capital*. Retrieved from: oecd.org/insights/37966934.pdf (Last accessed 24th July 2015).

- Pelletier, L. and Stichler, J. (2014) Patient-centred care and engagement. *Journal of Nursing Administration*. Vol. 44. No. 9. pp 473-480.
- Rayton, B., Dodge, T. and D'Analeze, G. (2012) *Engage for Success: Employee Engagement Task Force 'Nailing the Evidence' Workgroup*. Bath, UK: University of Bath School of Management. Retrieved from: tinyurl.com/nailingtheevidence (Last accessed 17th July 2015).
- Robinson, D., Perryman S. and Hayday, S. (2004). *The Drivers of Employee Engagement. Institute for Employment Studies Report 408*. Retrieved from: tinyurl.com/IES-drivers (Last accessed 25th August 2015).
- Rogers, C. (1980) *A Way of Being*. Boston, Massachusetts: Houghton Mifflin.
- Ryan, R. and Deci, E. (2001) On happiness and human potentials: a review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*. Vol. 52. pp 141-166.
- Saks, A. (2008) The meaning and bleeding of employee engagement: how muddy is the water? *Industrial and Organizational Psychology*. Vol. 1. No. 1. pp 40-43.
- Schaufeli, W., Salonova, M., Gonzalez-Roma, V. and Bakker, A. (2002) The measurement of engagement and burnout: a two-sample confirmatory factor analysis approach. *Journal of Happiness Studies*. Vol. 3. No. 1. pp 71-92. Retrieved from: tinyurl.com/wilmarschaufeli (Last accessed 25th August 2015).
- Schaufeli, W. and Bakker, A. (2004) Job demands, job resources, and their relationship with burnout and engagement: a multi-sample study. *Journal of Organizational Behavior*: Vol. 25. No. 3. pp 293-315.
- Seligman, M. (2003) *Authentic Happiness: Using the New Positive Psychology to Realise Your Potential for Lasting Fulfilment*. New York: Nicholas Brealey Publishing.
- Simpson, M. (2009) Predictors of work engagement among medical-surgical registered nurses. *Western Journal of Nursing Research*. Vol. 31. No. 1. pp 44-64.
- Spreitzer, G. (1995) Individual empowerment in the workplace: dimensions, measurement and validation. *Academy of Management Journal*. Vol. 38. No. 5. pp 1442-1465. Retrieved from: tinyurl.com/individual-empowerment (Last accessed 13th July 2014).
- Spreitzer, G. and Sutcliffe, K. (2007) Thriving in organizations. Chp 6 in Nelson, D. and Cooper, C. (Eds.) (2007) *Positive Organizational Behavior*. London: Sage. pp 74-86.
- Spreitzer, G., Lam, C. and Fritz, C. (2010) Engagement and human thriving: complementary perspectives on energy and connections to work. Chp 10 in Bakker, A. and Leiter, M. (Eds.) (2010) *Work Engagement: A Handbook of Essential Theory and Research*. New York: Psychology Press. pp 132-146.
- Stairs, M., Galpin, M., Page, N. and Linley, A. (2006) Retention on a knife edge: the role of employee engagement in talent management. *Selection and Development Review*. Vol. 22. No. 5. pp 19-23.
- Titchen, A. and McCormack, B. (2008) A methodological walk in the forest: critical creativity and human flourishing. Chp 4 in Manley, K., McCormack, B. and Wilson, V. (Eds.) (2008) *International Practice Development in Nursing and Healthcare*. Oxford: Blackwell. pp 59-83.
- Towers Perrin (2007) *Executive Briefing: Engagement in the Public Sector*. Stamford, Connecticut: Towers Perrin.
- Truss, C., Soane, E., Edwards, C., Wisdom, K., Croll, A. and Burnett, J. (2006) *Working Life: Employee Attitudes and Engagement*. London: Chartered Institute of Personnel and Development.
- Wefald, A. and Downey, R. (2009) Job engagement in organizations: fad, fashion, or folderol? *Journal of Organizational Behaviour*. Vol. 30. No. 1. pp 141-145.
- Wefald, A., Reichard, R. and Serrano, S. (2011) Fitting engagement into a nomological network: the relationship of engagement to leadership and personality. *Journal of Leadership and Organizational Studies*. Vol. 18. No. 40. pp 522-537.
- Wilson, V. (2011) Evaluation of a practice development programme: the emergence of the teamwork, learning and change model. *International Practice Development Journal*. Vol. 1. No. 1. Article 2. pp 1-15. Retrieved from: fons.org/library/journal/volume1-issue1/article2 (Last accessed 21st July 2015).

Jan Dewing (PhD, MN, MA, BSc, RN, RNT, Dip Nurs Ed, Dip Nurs), Sue Pembrey Chair of Nursing, Queen Margaret University, Edinburgh Scotland; Professor II Bergen and Stord Haugesund University Colleges, Norway; Visiting Professor, University of Wollongong, NSW, Australia and University of Ulster.

Brendan McCormack (DPhil Oxon, PGCEA, BSc Hons, RMN, RGN, FRCN), Head of the Division of Nursing, Queen Margaret University, Edinburgh, Scotland; Professor II, Buskerud & Vestfold University College, Drammen, Norway; Extraordinary Professor, University of Pretoria, South Africa; Visiting Scholar, Dalhousie University, Halifax, Canada.